

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of Massachusetts

2004 MAR - 8 PM 3:44

*Harmuth*v. *Continental
Casualty Co.,
et. al.*

SUMMONS IN A CIVIL ACTION

04 10569 JLT

CASE NUMBER:

TO: (Name and address of Defendant)

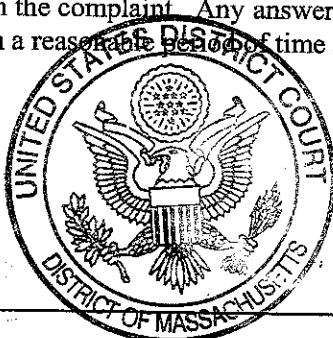
*Continental Casualty Company
CNA Plaza
333 S. Wabash Avenue
Chicago, IL 60685*

*Agent for service: General
counsel's office
Division of Insurance
Commonwealth of Massachusetts
One South Station, 5th Floor
Boston, MA 02110*

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

*Mala M. Rafik, Esq.
Rosenfeld + Rafik, P.C.
44 School Street, Ste. 410
Boston, MA 02108*

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



TONY ANASTAS

CLERK

(By) DEPUTY CLERK

MAR 23 2004

DATE

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input type="checkbox"/> Returned unexecuted: <input type="checkbox"/> Other (specify):		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on _____	Date	<i>Signature of Server</i>
<i>Address of Server</i>		
	Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999 <i>Suffolk, ss.</i>	
April 7, 2004		
I hereby certify and return that on 3/24/2004 at 9:00:00 AM I served two copies copy of the within Summons and Complaint, and Civil Action in this action together with \$6.00 in fees, upon the within named Continental Casualty Co in the following manner (See Mass. R. Civ.P.4(d)): by leaving at the office of the Insurance Commissioner for the Commonwealth the true and lawful attorney of the said corporation upon whom service of all lawful process may be made. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$10.00) Total Charges \$47.00		

Deputy Sheriff, Robert Foscaldo



Deputy Sheriff